

The Heroes and Martyrs series: job descriptions for health care quality improvement professionals?

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A review of the Heroes and Martyrs series so far

This issue brings the 14th in the "Heroes and Martyrs of Quality and Safety" series. More are to come. With a new editor of this journal on board, it is a good moment to define the content of the series. It is about people—present and past—who have found an opportunity to improve health, their efforts to carry out the needed improvements and to measure the results. These people are patient centred, careful with their evaluations, and committed to making changes. Not all of them succeed and some suffer the consequences, thereby becoming martyrs and our heroes. Each story highlights some aspect of the tryptic of quality improvement which is also referred to as customer mindedness, statistical mindedness, and organizational transformation.

These heroes are not just compassionate caregivers, or researchers whose story ends with publication, or health administrators and change agents. Our quality heroes undertake all three aspirations and need a combination of skills to actually improve quality.

PATIENT CENTREDNESS

Among our heroes, Ernest A Codman,¹ Florence Nightingale,² and Ignaz Semmelweis³ clearly cared about the human suffering they encountered. They saw opportunities for improvement, measured outcomes, and advocated change with varying degrees of success. All the people portrayed in this series were impassioned human beings, such as Avedis Donabedian writing love poetry in his old age⁴ and W Edwards Deming, an observant patient and

composer.⁵ In searching these historical records there is often a lack of description of the human side of our heroes.

THE EVIDENCE

These are stories of evidence, research design, and statistics including the controlled trial of Biblical Daniel,⁶ Cotton Mather and the use of numbers,⁷ the blinded evaluation of Mesmerism,⁸ James Y Simpson's severity adjustments,⁹ and the use of randomization.¹⁰ Louis Pasteur's rabies vaccination was used to make a point about the importance of statistical process control.¹¹ The reader interested in the history of medical evidence per se is strongly urged to visit Sir Iain Chalmers' website (www.jameslindlibrary.org).

SYSTEM CHANGE

Many of our heroes came to grief when the results of their evidence collided with the interests of powerful organizations. Bruce Psaty,¹² John Williamson,¹³ and Dwain Harper¹⁴ inadvertently suffered the consequences. Semmelweis and Codman were spectacularly incompetent agents for change. Nightingale and Deming were geniuses at change—focus and constancy of purpose being their most powerful levers.

We had planned that the 14th article in this series would be about Dr Betty Dong whose negative evaluation of a drug was criticised by its manufacturer. This piece was to be a reprint from the new book by Drs Deyo and Patrick, "Hope and Hype", but the journal's legal advisors recommended that this report should not be published because it might be construed as libellous.

Interested readers can read about Dr Dong in this newly published book.¹⁵ I recommend it.

This series is therefore a collection of stories about passionate and compassionate people improving health, changing care, and measuring their results. Taken as a whole, it is a painless textbook on research methods. The series defines a curriculum and job description for present and future healthcare quality improvement professionals.

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